

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		9/22/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SS	69134	11-8-00
RESPONSE FORMALITY REVIEW	11	61	12-24-00

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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